

MSB-3	BIOGRAPHICAL STATEMENT & CONSENT FORM CHECK SELLER/MONEY TRANSMITTER						Date of filing
Name of Applicant Company _____							
License Number information. Use additional sheets if necessary.	License # _____	State _____	License # _____	State _____	License # _____	State _____	
<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT <i>To amend, circle or identify items being amended.</i>							
1. Individual's identifying information:							
(A) Full last, first and middle names:							
_____ Last Name	_____ First Name	_____ Full Middle Name	_____ Suffix (if any)				
(B) Social Security Number: _____							
(C) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female							
(D) Date of Birth (MM/DD/YYYY) _____							
(E) State/Province of Birth: _____							
(F) Country of Birth: _____							
(G) List all names(s), other than your legal name, you have used or are using, or by which you are or were known since the age of 18. This field should include for example, nicknames, aliases, and names used before or after marriage. (Use additional sheets as necessary).							
_____ Name	_____ Name	_____ Name	_____ Name				
(H) For amendments only: If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation:							
_____ Last Name	_____ First Name	_____ Full Middle Name	_____ Suffix (if any)				
(I) Employer Name (Seller of Checks or Money Transmitter): _____							
(J) Office of Employment address: (do not use a P.O. Box) <input type="checkbox"/> If this address is your private residence, check this box.							
_____ Number & Street	_____ City	_____ State / Province & Country	_____ Zip+4 / Postal Code				
(K) Current Residence address (if different from employment address):							
_____ Number & Street	_____ City	_____ State / Province & Country	_____ Zip+4 / Postal Code				
(L) Telephone Numbers and e-mail address:							
(____)____-____ ext ____ Business Phone	(____)____-____ Cell Phone (optional)	(____)____-____ Fax Line (optional)	_____ e-mail address (optional)				
2. Individual's Acknowledgment & Consent:							
TO WHOM IT MANY CONCERN: I hereby authorize the Georgia Department of Banking and Finance to obtain criminal history data on the undersigned in his/her capacity as a director, officer, principal, owner, policymaker, manager, agent or employee of the above licensee/applicant. Also, pursuant to the provisions of Section 7-1-682 of the Official Code of Georgia Annotated, the Department is authorized to secure information from credit reporting agencies, former employers or others regarding character, ethical reputation and financial responsibility. Such information and any conviction data received by the Department shall be used by the Department for the exclusive purpose of carrying out the responsibilities of this article, shall not be a public record, shall be privileged, and shall not be disclosed to another person or agency except to any person or agency which otherwise has a legal right to inspect the file. In order to facilitate this inquiry, I understand that I must provide the information below. The Department will notify me if further information is required. Should the data show that a violation of Section 7-1-682 of the Official Code of Georgia Annotated exists, I understand that the Department may take the appropriate steps regarding the status of the license, as well as action against any person who does not qualify for employment under the law. This authorization remains effective as long as I am employed in the sale of check/money transmission industry. A copy of this authorization shall be accepted with the same force and validity as the original.							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="color: #ccc;">Notary Seal Here</p> <p>Date (MM/DD/YYYY) _____</p> <p>Signed or attested before me: _____</p> <p style="text-align: center;">Print Notary Public name</p> <p>on this _____ day of _____,</p> <p style="text-align: center;">(Date) (Month)</p> <p>_____ Notary Public signature</p> </div> <div style="width: 45%;"> <p>Signature of individual _____</p> <p>by _____</p> <p>Print individual's name _____</p> <p>_____ at _____</p> <p style="text-align: center;">(Year) (State) (County)</p> <p>_____ Notary Appointment Expires (MM/DD/YYYY)</p> </div> </div> <p style="text-align: center; margin-top: 10px;"> Individual's Acknowledgment & Consent must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable. </p>							

Applicant full legal name: _____ Individual's full legal name: _____

3. Seller of Checks/Money Transmitter Employment Representation:

To the best of my knowledge and belief, the *control person* is currently bonded where required, and, at the time of approval, this individual will be familiar with the statutes, regulations, and rules of the *State of Georgia* with which this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the individual an opportunity to review the information contained herein and the individual has approved this information and signed the form.

by _____
 Company Name Signature of authorized party Print Name and Title of authorized party

***Employment Representation must always be completed in full with original, manual signature.
 Affix notary stamp or seal where applicable.***

4. Residential History: Starting with current address (item 1K), give all addresses for the past 10 years. (Attach additional sheets as necessary.)

From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country

5. Employment History: Provide complete employment history for the past 10 years. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether this employment was *financial service-related* business. (Attach additional sheets as needed.)

From (MM/YYYY)	To (MM/YYYY)	Employer (company name)	Position Held	City	State or Province	Country	YES or NO?

Applicant full legal name: _____ Individual's full legal name: _____

<p>6. Other Business: Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-<i>financial services-related</i> activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; whether the business is <i>financial services-related</i>; the address of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate number of hours per month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as needed.)</p> <p>Details:</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
<p>7. Disclosures: If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment.</p>		
<p style="text-align: center;">Financial Disclosure</p> <p>(A) Within the past ten years:</p> <p>(1) have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(2) based upon events that occurred while you exercised <i>control</i> over any organization, have any filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?</p> <p>(B) Has a bonding company ever denied, paid out on, or revoked a bond for you?</p> <p>(C) Do you have any unsatisfied judgments or liens against you?</p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p style="text-align: center;">Criminal Disclosure</p> <p>(D) Have you ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?</p> <p>(2) been <i>charged</i> with any felony?</p> <p>(E) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?</p> <p>(2) been charged with any <i>felony</i>?</p> <p>(F)</p> <p>(1) Have you ever been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services</i> or a <i>financial services-related</i> business; any fraud, false statements, or omissions; any theft or wrongful taking of property; bribery; perjury; forgery; counterfeiting; extortion; or a conspiracy to commit any of these offenses?</p> <p>(2) Are there pending charges against you for a misdemeanor as <i>described</i> in 7(F)(1)?</p> <p>(G) Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a misdemeanor specified in 7(F)(1)?</p> <p>(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 7(F)(1)?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

Applicant full legal name: _____ Individual's full legal name: _____

	YES	NO
Regulatory Action Disclosure		
(H) Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever:		
(1) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> you to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> you to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against you in connection with a <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i> , prevented you from associating with a <i>financial services-related</i> business or restricted your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(6) barred you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in a <i>financial services-related</i> business?	<input type="checkbox"/>	<input type="checkbox"/>
(7) issued a final <i>order</i> based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(I) Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(J) Are you now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 7(H) or 7(I)?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
(K) (1) Has any domestic or foreign court ever:		
(a) <i>enjoined</i> you in connection with any <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) <i>found</i> that you were <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against you by a State, federal, or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are you named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 7K(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Customer Arbitration/Civil Litigation Disclosure		
(L) Have you ever been named as a respondent/defendant in a <i>financial services-related</i> consumer-initiated arbitration or civil litigation which:		
(1) is still pending; or	<input type="checkbox"/>	<input type="checkbox"/>
(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or	<input type="checkbox"/>	<input type="checkbox"/>
(3) was settled for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Termination Disclosure		
(M) Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:	<input type="checkbox"/>	<input type="checkbox"/>
(1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?		
(2) fraud, dishonesty, theft, or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>

MSB-3 - BIOGRAPHICAL STATEMENT & CONSENT FORM (*Continued*)

Applicant full legal name: _____

Individual's full legal name: _____

Date of Application: _____

Attach Passport Photo of Individual submitting MSB-3.

Those photographs should meet the specifications established for passport photographs, and must have been taken within the past 12 months. Generally, passport photographs should meet the following criteria:

- Black and white or color photographs are acceptable.
- Outside dimensions should be about 2 x 2 inches.
- The photo should be taken against a plain light-colored background without shadows.
- A full front view of the subject's head is required. The subject should not be photographed wearing a head covering. The image should be centered in the photo and the face length from chin to crown of head should be between 1 inch and 1 3/8 inches.

